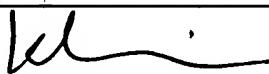


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DECLARATION — Utility or D sign Patent ApplicationDirect all correspondence to: Customer Number: _____ OR Correspondence address belowName **KIOMARS ANVARI**Address **1567 SERAFIX RD**City **ALAMO** State **CA** ZIP **94507**Country **U.S.A** Telephone **925-947-5839** Fax _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventorGiven Name (first and middle [if any]) **KIOMARS** Family Name or Surname **ANVARI**Inventor's Signature  Date **NOV 21, 2003**Residence: City **ALAMO** State **CALIFORNIA** Country **U.S.A** Citizenship **U.S.A**Mailing Address **1567 SERAFIX RD**City **ALAMO** State **CA** ZIP **94507** Country **U.S.A**NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name (first and middle [if any]) Family Name or Surname

Inventor's Signature Date

Residence: City _____ State _____ Country _____ Citizenship _____

Mailing Address _____

City _____ State _____ ZIP _____ Country _____

 Additional inventors or a legal representative are being named on the _____ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.